## INFORMATION DISCLOSURE STATEMENT

Enclosed herewith is an Information Disclosure Statement, including Cheque No. 1681 in the amount of \$240 to cover the required fee. If any additional charges are required, please charge Applicant's attorney's deposit account as authorized below.

#### TELEPHONE INTERVIEW

If the Examiner believes that a telephone interview would advance the allowance of this application, Applicant's attorney requests the Examiner call to arrange a date and time for such interview after having an opportunity to review the above.

### EXTRA FEE

Any additional fees should be charged to Applicant's attorney deposit account as indicated below.

# CUSTOMER NUMBER

Please note Applicant's attorney <u>Customer No. 021905</u>, and confirm that this customer number has been entered in the U. S. Patent & Trademark Office records in connection with the above-identified application.

Respectfully submitted,

John J. Connors, Reg. No. 24,157

CONNORS & ASSOCIATES, INC. 1600 Dove Street, Suite 220 Newport Beach, CA 92660

PHONE 949-833-3622 FAX 949-833-0885

# CERTIFICATE OF MAILING

By:\_

## AUTHORIZATION TO CHARGE/CREDIT DEPOSIT ACCOUNT

The commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment to Deposit Account No. 03-2830.

By\_

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FORM PTO-1449

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

ATTY. DOCKET NO. 9379a

Sheet

SERIAL NO. 10/619,152

of

INFORMATION DISCLOSURE CITATION

(use several sheets if necessary)

APPLICANT Scott Duncan

FILING DATE X07/14/2003

GROUP 3752

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\*Examiner: Initial if citation considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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